

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99480

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th April

Full Name of Deceased, Jane Caldwell

Sex, Female

Age, 76 Years,

Color, white

Married, Single, Widow or Widower, Months, Days

Occupation, 64 years.

Birth Place, Ireland

Duration of Residence in the City of Baltimore, 64 years.

Place of Death, 936 George St.

Cause of Death, Old age

Duration of Last Sickness,

Place of Burial, Green Mount Cem.

Date of Burial, April 27th 1887

Undertaker, H. Lewis Schaefer

Place of Business, 316 N. Fremont

Medical Attendant, N. W. Oving M. D.

Address, 1319 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99481 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } old no 47 Buren St 705 new

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 27th

{ Undertaker, H. C. Windfeld } M. D. Geo. B. Reynolds

{ Place of Business, 916 Green St } Address, 711 N Calvert St

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99482 Office of Registration and Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 1/2 Years, 2 1/2 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Matron

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Matron

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Murray & Childs Hospital

Cause of Death, { First (Primary), Second (Immediate), } manacled

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louder Park

Date of Burial, April 26

Undertaker, C. H. Blyden

Place of Business, 1139 Ave

J. M. Huntley M. D.
Medical Attendant.

Address, 1802 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99483

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99483 Office of Registrar and ~~DEPARTMENT~~ Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Roll Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male ✓

Age, 24 Years, 4 Months, Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Porter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Albany, N.Y.

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, { Give Street and Number. } 1014 Eastfield St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauril Cemetery

Date of Burial, April 27 1887

{ Undertaker, Hercules Ross } R. C. Lee M. D.
Medical Attendant.

{ Place of Business, 404 E. May St } Address, Harmon St

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99484 Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 4/25/87

Full Name of Deceased, Mary Smith
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female
Cross out the word not required in this line.

Age, 5 Years, 5 Months, — Days.

Color, red

Married, Single, Widow or Widower, Widow
Cross out the words not required in this line.

Occupation, Life

Birth Place, Baltimore
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life

Place of Death, 728 Stockton St.
Give Street and Number.

Cause of Death, Pertussis
First (Primary), Exhaustion
Second (Immediate), 1 month

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28/87

Undertaker, W W Madden G A Fleming M. D.

Place of Business, East St Address, 601 Franklin
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99485

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99485 Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25/1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Cox

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Unknown

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give Street and Number. } Baltimore University Hospital N Bond 23

Cause of Death, { First (Primary), Charyngitis
Second (Immediate), Apoplexy

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lorraine cemetery

Date of Burial, Apr 27 1887

Undertaker, Geo B Cook H. L. Fleming

M. D.

Medical Attendant.

Place of Business, 1003 N. Baltimore Address, Baltimore University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 94786

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99486 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvaro M. D. Home

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Prof. of Music

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York City

Duration of Residence in the City of Baltimore, Since infancy

Place of Death, { Give Street and Number. } 816 N. Howard St

Cause of Death, { First (Primary), Phthisis }
{ Second (Immediate), Uremia }

Duration of Last Sickness, Said to have been in failing health for a "long time". The illness is stated to have begun in February. I only saw him for the first time ten days before death.

Place of Burial, St. W. Cathedral

Date of Burial, Wed 27 1887

Undertaker, Jas H Byrne Rich Henry Thomas M. D. Medical Attendant.

Place of Business, 213 Liberty St Address, 714 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99487 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Martin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 68 Years, ✓ Months, ✓ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Grain Merchant - Flour & Corn Exchange

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland - Harford Co.

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, { Give Street and Number. } 400 Lanvale St.

Cause of Death, { First (Primary), Second (Immediate), } Bright's Disease
& Apoplexy of Brain

Duration of Last Sickness, Since March 14th in bed, under treatment

All the above information should be furnished by the Physician.

Place of Burial, Perry's manorville

Date of Burial, April 27 1887

Undertaker, Las P Byrne A. H. P. Shryver M. D.
Medical Attendant.

Place of Business, Front St Address, 1102 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 994/88 Office of Registrar of Vital Statistics. Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } "

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } "

Age, about 40 Years, " Months, " Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, "

Birth Place, { State or country, and how long in the United States, if of foreign birth. } "

Duration of Residence in the City of Baltimore, "

Place of Death, { Give Street and Number. } Taken out of water foot of Central av (Back basin

Cause of Death, { First (Primary) Second (Immediate), } Supposed to have been accidental drowning

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, E. Park Cemetery

Date of Burial, April 27 '88

Undertaker, Geo. Rinehart E. Hall Ruck & Co M. D.

Place of Business, Health Office Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99489 Office of Registrar of Vital Statistics. Ward 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Supposed to have died some time about first of March

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Jensen
Peter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, 10 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seaman on Steam Ship

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Copenhagen Denmark

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give Street and Number. } Found in water off Atlantic Wharf

Cause of Death, { First (Primary), Second (Immediate), } Supposed to be accidental drowning

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, April 27th / 87

Undertaker, Geo. Rinehart E. A. Ruth M. D.

Place of Business, Health Office Address, 403 N. Broadway Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]